Plan 3 Record Layouts Received by Record Keeper from DRS

Member Profile Record Layout

Member Profile/Participant Record Layout to be received by Record Keeper from DRS

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
Member SSN	N(9)	3-11	Member SSN
Transaction Date	N(8)	12-19	CCYYMMDD
Type Code	A(1)	20	'E' = Member Enrollment, 'C' = Member
			Change, 'A' = Member Address Change,
			'R' = Member Rehire, 'B' = Beneficiary
			Information, 'F' = Foreign Address, 'I' = Default
			Indicators
			'Z' = Control Record

Layout for Type Code 'E', 'C', 'A', and 'R':

Field Name	Format	Position	Description
Last Name	A(35)	21-55	Member Last Name
First Name	A(35)	56-90	Member First Name
Middle Initial	A(1)	91	Member Middle Initial
Address Line 1	A(30)	92-121	Member Mailing Address
Address Line 2	A(30)	122-151	Member Mailing Address
City	A(30)	152-181	
State	A(2)	182-183	State or 'FA' if Foreign Address
Zip Code	A(9)	184-192	
Gender Code	A(1)	193	M/F
Birth Date	N(8)	194-201	CCYYMMDD
Death Date	N(8)	202-209	CCYYMMDD
Enrollment Date	N(8)	210-217	CCYYMMDD
Day Area Code	N(3)	218-220	
Day Prefix	N(3)	221-223	
Day Suffix	N(4)	224-227	
Day Extension	A(6)	228-233	
Night Area Code	N(3)	234-236	
Night Prefix	N(3)	237-239	
Night Suffix	N(4)	240-243	
Night Extension	A(6)	244-249	
Filler	A(1)	250	Filler for future use

Layout for Type Code 'B':

Field Name	Format	Position	Description
Last Name	A(35)	21-55	Beneficiary Last Name
First Name	A(35)	56-90	Beneficiary First Name
Middle Initial	A(1)	91	Beneficiary Middle Initial
Not used	A(30)	92-121	
Not used	A(30)	122-151	
Not used	A(30)	152-181	
Not used	A(2)	182-183	
Not used	A(9)	184-192	
Gender Code	A(1)	193	M/F or Blank if not available
Birth Date	N(8)	194-201	CCYYMMDD or 00000000 if not available
Death Date	N(8)	202-209	CCYYMMDD
Beneficiary SSN	N(9)	210-218	Beneficiary SSN
Primary/Contingent	A(1)	219	'P' = Primary, 'C' = Contingent
Code			
Spouse Code	A(1)	220	'S' = Spouse, 'N' = Non-Spouse
Beneficiary Percent	N(3)	221-223	Percent of beneficiary withdrawal to be
			distributed to this Beneficiary
Filler	A(27)	224-250	Filler for future use

Layout for Type Code 'F':

Field Name	Format	Position	Description
Not used	A(1)	21	
Not used	N(9)	22-30	
Address Line 1	A(30)	31-60	Mailing Address
Address Line 2	A(30)	61-90	Mailing Address
Country	A(35)	91-125	Country Name
Foreign Postal Code	A(9)	126-134	
Foreign Province	A(35)	135-169	Foreign Province Name
City	A(30)	170-199	City Name
Filler	A(51)	200-250	Filler for future use

Layout for Type Code 'I':

Field Name	Format	Position	Description
Entry Code	A(1)	21	'E' = New Enrollee, 'T' = Transferee, 'R' =
			Rehire, 'C' = Choose Plan 3, 'D' = Default to
			Plan 3, Blank for 2 nd or subsequent 'I' records
From Program Code	A(1)	22	'S' = Chose SELF, 'W' = Chose WSIB, 'N' =
			Not Available yet
To Program Code	A(1)	23	'S' = Chose SELF, 'W' = Chose WSIB,
			'D' = Default to WSIB, 'N' = Not Available yet
Phase Indicator	A(1)	24	Blank, ('1', or '2' for Potential PERS 3 Members)
Filler	A(226)	25-250	Filler for future use

Layout for Type Code 'Z':

Field Name	Format	Position	Description
Type Code 'E' count	N(7)	21-27	Number of Type Code 'E' records on this file
Type Code 'C' count	N(7)	28-34	Number of Type Code 'C' records on this file
Type Code 'A' count	N(7)	35-41	Number of Type Code 'A' records on this file
Type Code 'R' count	N(7)	42-48	Number of Type Code 'R' records on this file
Type Code 'B' count	N(7)	49-55	Number of Type Code 'B' records on this file
Not used	N(7)	56-62	
Type Code 'F' count	N(7)	63-69	Number of Type Code 'F records on this file
Not Used	N(14)	70-83	
Type Code 'I' count	N(7)	84-90	Number of Type Code 'I' records on this file
Filler	A(160)	91-250	Filler for future use

Daily Activity Record Layout File

Daily Activity Record Layout to be received by Record Keeper from DRS

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
SSN	N(9)	3-11	Participant ID Number
Transaction Date	N(8)	12-19	CCYYMMDD
Transaction Type	A(4)	20-23	Identifies type of Activity to be applied to a
			Member Account
Department	A(6)	24-29	Department number from the Payment Advice or 'TTP' for positive TT2X and TT2E
			'TTN' for negative TT2X and TT2E
			'BNP' for positive TBON and TGAN
			'BNN' for negative TBON and TGAN
			'BPP' for positive TOST, TMSC, TRST, TOTH,
			TLWP, TRIN, and TTDD
			'BPN' for negative TOST, TMSC, TRST, TOTH,
			TLWP, TRIN, and TTDD
			'BEA' for all TDCP and TDCI
			'BMA' for all TDCV
			'NDA' for all TSN1, TSN2, T3T3, and ZZZZ
			' 'for all TERM
Reporting Period	N(6)	30-35	CCYYMM - Date received from the employer on
			the Payment Advice or the date of the actual cash
			wire
Reporting Type	A(1)	36	'R' = Regular, 'C' = Correction (from the Payment
			Advice)
Sequence Number	N(2)	37-38	Number from Payment Advice or day of the cash wire (DD)
Fund ID	A(1)	39	'W' = WSIB, 'S' = SELF
Trade Date	N(8)	40-47	CCYYMMDD
Tax Status	A(1)	48	'T' = Taxed, 'N' = Non-Taxed
Mandatory Amount after 1986	<u>+</u> P9.2	49-54	Mandatory Earnings/Contributions Received Post-1986
Voluntary Amount	<u>+</u> P9.2	55-60	Voluntary Earnings/Contributions Received Post-
after 1986			1986
Mandatory Amount	+P9.2	61-66	Mandatory Earnings/Contributions Received Pre-
prior 1987			1987
Voluntary Amount	<u>+</u> P9.2	67-72	Voluntary Earnings/Contributions Received Pre-
prior 1987			1987
Reconciliation Date	N(8)	73-80	CCYYMMDD
New SSN	N(9)	81-89	Members new SSN, or Legal Order SSN
Legal Order Type	A(1)	90	'Y' or 'N'

Code			
Beneficiary Type	A(1)	91	'B' = Beneficiary
Code			
Beneficiary SSN	N(9)	92-100	Beneficiary SSN
Termination Date	N(8)	101-108	Will be filled in only for TERM. Date of
			Employment Termination
Termination	N(8)	109-116	Will be filled in only for TERM. Date
Received Date			Termination Notice was received at DRS
Transfer to	A(2)	117-118	Will be filled in only for T3T3. Will be the correct
System/Plan			System/Plan to transfer the member to
Filler	A(132)	119-250	Filler for future use

Control Record:

System/Plan	A(2)	1-2	'T3', 'E3', or 'P3' for Transaction Type Control
·			Records, Blank for final Control Record
SSN	N(9)	3-11	99999999
Transaction Date	N(8)	12-19	CCYYMMDD
Transaction Type	A(4)	20-23	Identifies type of Activity or 'ZZZZ' for final
			Control Record
Department	A(6)	24-29	'999999'
Reporting Period	N(6)	30-35	Number of records for a Transaction Type or total
			number of records on file for 'ZZZZ'
Reporting Type	A(1)	36	Blank
Sequence Number	N(2)	37-38	00
Fund ID	A(1)	39	'W' or 'S' for Transaction Type Control Records,
			Blank for final Control Record
Trade Date	N(8)	40-47	9999999
Tax Status	A(1)	48	'Z'
Mandatory Amount	<u>+</u> P9.2	49-54	Total Mandatory Earnings/Contributions Received
after 1986			Post-1986
Voluntary Amount	<u>+</u> P9.2	55-60	Total Voluntary Earnings/Contributions Received
after 1986			Post-1986
Mandatory Amount	<u>+</u> P9.2	61-66	Total Mandatory Earnings/Contributions Received
prior 1987			Pre-1987
Voluntary Amount	<u>+</u> P9.2	67-72	Total Voluntary Earnings/Contributions Received
prior 1987			Pre-1987
Filler	A(177)	73-250	Blank

Daily Cash Activity File Layout

Daily Cash Activity File (CAF) Layout to be received by Record Keeper from DRS

Field Name	Format	Position	Description
System/Plan	A(2)	1-2	'T3' = TRS 3, 'E3' = SERS 3, 'P3' = PERS 3
Fund Id	A(1)	3	'W' = WSIB, 'S' = SELF
Wire Date	N(8)	4-11	CCYYMMDD - Date the actual cash is to be wired to Plan 3 TPA
Department	A(6)	12-17	Department number from the Payment Advice or TTP= for positive TT2X and TT2E BNP= for positive TBON and TGAN BPP= for positive TOST, TMSC, TRST, TOTH, TLWP, TRIN, and TTDD PPP= for positive plan transfers from WSIB to SELF WDP = Withdrawals from WSIB
Reporting Period	N(6)	18-23	CCYYMM - Date received from the employer on the Payment Advice or the date of the actual cash wire
Reporting Type	A(1)	24	R= Regular or C= Correction from the Payment Advice
Sequence Number	N(2)	25-26	Number from Payment Advice or day of the cash wire (DD)
Ert Amount	N(11.2)	27-39	Amount of money associated with a particular ert
Filler	A(61)	40-100	Filler for future use

Control Record:

System/Plan	A(2)	1-2	Blank
Fund Id	A(1)	3	'S'
Wire Date	N(8)	4-11	CCYYMMDD - Date the actual cash is to be wired
			to RC
Department	A(6)	12-17	'999999'
Reporting Period	N(6)	18-23	Number of records on the file
Reporting Type	A(1)	24	Blank
Sequence Number	N(2)	25-26	00
ERT Amount	N(11.2)	27-39	Total amount to be wired
Filler	A(61)	40-100	Blank